

VENTURA LAFCO

WATER & WASTEWATER SERVICE REVIEW

PART I

1. Contact Information (all agencies)

a. Name of City/District: Camarillo Sanitary District

Mailing Address: P.O. Box 248

City Camarillo State CA Zip 93011-0248

Primary Office Address (if different): 601 Carmen Drive

City Camarillo State CA Zip 93010-

Telephone: (805) 388-5334 Fax: (805) 388-5318

E-Mail: lmcgovern@ci.camarillo.ca.us

b. Manager (Chief Staff Official):

Last Name: Bankston First Name: Jerry

Title District Manager

Mailing Address (if different than contact):

Address P.O. Box 248

City: Camarillo State: CA Zip 93011-0248

Telephone (805) 388-5307 Ext. Fax (805) 388-5318

E-mail: jbankston@ci.camarillo.ca.us

c. Contact (if different than manager):

Last Name: Westdyke First Name: Robert

Title Assistant District Manager

Address:

City: State: CA Zip

Telephon (805) 388-5309 Ext.: Fa (805) 388-5318

E-mail: rwestdyke@ci.camarillo.ca.us

d. Legal Counsel: Brian A. Pierik

Title: District Legal Counsel

Mailing Address (if different than m

City: State: CA Zip

Telephone (805) 388-5308 Ext: Fax (805) 388-5318

E-mail bpierik@bwsllaw.com

Agency Name: Camarillo Sanitary District

Governance Information (all agencies)

a. Agency Type (check all that apply)

- ☐ City Date of Incorporation: _____
☐ General Law ☐ Charter
☐ Independent Special District ☒ Dependent Special District

Enabling Legislation (citation for principal act)

District Reorganization Act of 1965

Date of Formation: 12/14/1966

b. Governing Body:

- ☐ City Council ☒ Board or Directors ☐ Other (specify) _____

Number of Members 5

How are members selected ☒ at large vote ☐ voting districts

☐ voting divisions ☐ appointment at large ☐ appointment by district

☐ other (specify) _____

If elected, date of last election 11/5/2002

How many members ran unopposed: _____

Terms of office ☒ 4 year ☐ 2 year

☐ Other (specify) _____

c. Current Member Data (attach extra sheets if needed)

Name: Donald Waunch Title: Chairman

☒ Elected or ☐ Appointed Expiration Date of Term: 11/ 1/2004

Name: Michael D. Morgan Title: Secretary

☒ Elected or ☐ Appointed Expiration Date of Term: 11/ 1/2006

Name: Charlotte Craven Title: Director

☒ Elected or ☐ Appointed Expiration Date of Term: 11/ 1/2006

Name: Kevin Kildee Title: Director

☒ Elected or ☐ Appointed Expiration Date of Term: 11/ 1/2004

Name: Jeanette L. McDonald Title: Director

☒ Elected or ☐ Appointed Expiration Date of Term: 11/ 1/2006

Name: _____ Title: _____

☐ Elected or ☐ Appointed Expiration Date of Term: _____

Name: _____ Title: _____

☐ Elected or ☐ Appointed Expiration Date of Term: _____

Agency Name:

Camarillo Sanitary District

d. Compensation (of elected officials)

Basic Stipend: \$100.00 ☒ per meeting or ☐ per month

District compensation: ☐ GovCompDC Mileage amount per mile: _____

☐ Meals _____ ☐ Monthly travel Amount: _____

☒ Other Spec flat reimbursement \$300/month _____

Insurance Coverage ☒ Life 50,000 _____

☒ Medical _____ ☒ Dental _____

☒ Other (Specify): Vision-equal to employee Amount: _____

Retirement Benef PERS;401a, and Medicare- _____

Amount: _____

Is there a limit on the amount a board member/city council member can earn

☒ Check for Yes blank for No Amount: \$600.00

Are new board members provided with an orientation session with the General Manager/City Manager?

☒ Check for Yes blank for No With Legal Council? ☐ Check for Yes blank for No

e. Meeting Information

Regular Scheduled meetings day:: 2nd and 4th Wednesday Time: 5:00 PM

Regular meeting location: Address: 601 Carmen Drive

City: Camarillo

ZipCode: 93010

Is location easily accessible to the public ☒ Check for Yes blank for No

Does the location of your meetings comply with requirements of the Americans with Disabilities Act (ADA)? ☒ Check for Yes blank for No

List ways notice of regular meetings is given to the public:

Posted at City Hall; Available at Library; Cable and Internet

Does your agency conduct regular reviews of the requirements of the

Brown Act ☒ Check for Yes blank for No FPPC ☒ Check for Yes blank for No

Public disclosure requirements ☒ Check for Yes blank for No

Date of Last review session: 4/17/2002

Has your agency been cited for a violation of the Brown Act and/or FPPC regulations in the previous two years?

☐ Check for Yes blank for No

Agency Name:

Camarillo Sanitary District

3. Employee Information (all agencies)

Executive/Management staff is defined as department head or above; Professional/Support is defined as staff whose primary function is related to supervision, management or administration of wastewater functions; Operational staff is defined as staff whose primary function is the direct provision of water or wastewater services.

a. Total No. of Employees 171

Executive and Management 16 Professional and Support 127

Operational: 25 Other (Specify): Student Hire Number: 3

b. Number of Employees in all aspects of Water Service

Executive and Management Professional and Support 3

Operational 13 Other (Specify) Number:

c. Number of Employees in all aspects of Wastewater Service

Executive and Management Professional and Support 3

Operational 8 Other (Specify) Maintenance Number: 4

d. How many employee bargaining units are recognized? (list the number and the name of each bargaining unit):

None

| | | |
|-------------------------------------|--------------------|------------|
| How many Employees are represented: | Agency Total: | <u>171</u> |
| | Water Service: | <u>16</u> |
| | Wastewater Service | <u>15</u> |

What are the dates and terms of the last bargaining agreements

Agency Name Camarillo Sanitary District

4. Financial Information (all agencies)

a. Service Cost Information:

List current rates for all categories of services

See Attachment No. 1

Water Agencies – what are the rates in terms of acre-feet

See Water form.

Wastewater Agencies – what are the rates in terms of MGD _____

Rate changes in last two years:

None

Specify rate changes anticipated in next two years:

Currently under consultant review - unknown at this time

Specify any rate differential charged for customers in the agency's boundaries versus rates charged for customers outside agency's boundaries?

1.25 times the in-district rate

b. Budget Information for the Last Three Fiscal years:

Are adopted budgets posted on the agency website? ☒ Check for Yes Blank for No

Are copies of adopted budgets available to the public ☒ Check for Yes Blank for No

FY 2000-2001: Revenues: 7,135,078 Expenses: 5,736,350

Capital Improvements: 1,267,080 Reserves: _____

(For cities and dependent districts) please note charges assigned to water and/or wastewater budget which are transferred to the General Fund: _____

FY 2001-2002: Revenues: 7,133,100 Expenses: 6,675,091

Capital Improvements: 162,952 Reserves: _____

(For cities and dependent districts) please note charges assigned to water and/or wastewater budget which are transferred to the _____

FY 2002-2003: Revenues: 7,259,950 Expenses: 6,574,071

Capital Improvements: 52,850 Reserves: _____

(For cities and dependent districts) please note charges assigned to water and/or wastewater budget which are transferred to the General Fund: _____

Agency Name:

Camarillo Sanitary District

c. Revenues Sources for the Last Three Fiscal Years for all Agencies: Please fill in amount and percentage of the total of revenues.

FY 2000-2001:**Voter Approved****Sunset Date**

Property Taxes: 658,750 % 9.23% ☐ Check for Yes Blank for No _____

Special Taxes: _____ % _____ ☐ Check for Yes Blank for No _____

Service Charges: 4,856,400 % 68.06% ☐ Check for Yes Blank for No _____

Fees: 619,928 % 8.69% ☐ Check for Yes Blank for No _____

Assessments: _____ % _____ ☐ Check for Yes Blank for No _____

Stand-by Charges _____ % _____ ☐ Check for Yes Blank for No _____

Grants: _____ % _____ ☐ Check for Yes Blank for No _____

Other (Specify): Interest Income Amount: 1,000,000 % 14.02%

FY 2001-2002:**Voter Approved****Sunset Date**

Property Taxes: 689,050 % 9.66% ☐ Check for Yes Blank for No _____

Special Taxes: _____ % _____ ☐ Check for Yes Blank for No _____

Service Charges: 4,897,800 % 68.66% ☐ Check for Yes Blank for No _____

Fees: 876,250 % 12.28% ☐ Check for Yes Blank for No _____

Assessments: _____ % _____ ☐ Check for Yes Blank for No _____

Stand-by Charges: _____ % _____ ☐ Check for Yes Blank for No _____

Grants: _____ % _____ ☐ Check for Yes Blank for No _____

Other (Specify): Interest Income Amount: 670,000 % 9.39%

FY 2002-2003:**Voter Approved****Sunset Date**

Property Taxes: 719,750 % 9.91% ☐ Check for Yes Blank for No _____

Special Taxes: _____ % _____ ☐ Check for Yes Blank for No _____

Service Charges: 5,037,200 % 69.38% ☐ Check for Yes Blank for No _____

Fees: 603,000 % 8.31% ☐ Check for Yes Blank for No _____

Assessments: _____ % _____ ☐ Check for Yes Blank for No _____

Stand-by Charges: _____ % _____ ☐ Check for Yes Blank for No _____

Grants: 0 % 0.00% ☐ Check for Yes Blank for No _____

Other (Specify): Interest Income Amount: 900,000 % 12.40%

Are areas annexing to your agency accessed stand-by charges (click for yes): ☐

If so what is the amount of the stand-by charge

Are areas annexing to your agency required to pay a share of exting bonded indebttness? (click for yes) ☒

If yes what is the amount: Monthly sewer rate

Agency Name Camarillo Sanitary District

d. Reserves:

Reserve Definitions:

- 1) *Unallocated General Reserves. Funds set-aside for any budgetary short falls during the fiscal year or for purposes not specifically designated in any other reserve fund.*
- 2) *Capital Reserve Fund. Funds for infrastructure expansion, construction and replacement.*
- 3) *Operating Rate Stabilization Fund. Funds to protect users from fluctuations in rates.*
- 4) *Restricted Debt Reserves. Funds set aside to pay back debt.*
- 5) *Other Reserves. Funds set aside for specific purposes (i.e., scholarship, contingency, specify projects), varies by district.*

| Reserve Definitions | FY 2002-2003 | FY 2001-2002 | FY 2000-2001 |
|---------------------------------------|--------------|--------------|--------------|
| Total Reserves as % of Total Revenue | | | |
| Operating Reserves | 3,540,388 | 3,371,798 | 2,817,169 |
| Capital Reserve Fund | 10,323,761 | 12,491,140 | 11,056,493 |
| Operating and Rate Stabilization Fund | | | |
| Restricted Debt Reserves | 1,253,334 | 1,262,482 | 1,318,082 |
| Other Reserves | | | |

e. Audits

Date of last independent audit: 6/30/2002

Who conducted last independent audit? Caporicci & Larson, LLP

Was the audit qualified in any way? No

f. Bonds:

What is your agency's bond rating? A+ (Stable)

What was the source of the rating? Standard & Poor's as of 1-1-1999

Agency Name:

Camarillo Sanitary District

5. Government Structure (all agencies)

a. Has you agency been involved in a reorganization study in the previous two years? (Check for Yes)

☐

b. Has your agency been the subject of a grand jury in the previuos two years? (Check for Yes)

☐

c. Describe any litigations your agency has been involved in the previuos two years.

none

d. Identify any limitations that might affect possible government structure options including:

Enabling legislation/charter:

Yes

Pending litigation:

No

Court judgement:

No

Legal issues:

Maybe

Restricted assets:

Yes

Financial constraints:

Yes

Other:

Agency Name: Camarillo Sanitary District

6. Service Information (all agencies)

a. Provide a list of services provided by your agency:

Wastewater collection and treatment; Industrial Water Pretreatment Programs.

Provide a brief narrative description of the service area for water service.

See Water Service Form.

Provide a brief narrative description of the service area for wastewater service.

The Camarillo Sanitary District's wastewater service area is generally defined to the east by Calleguas Creek and to the north, south and west by City Limits. The area east of Calleguas Creek and south of U.S. Highway 101 is also included in the District's boundary.

b. Estimated January population in agency's boundaries: 60,546

Size in acres: 12,718

c. Estimated January 2003 population in sphere influence: _____

Size in acres: _____

Agency Name Camarillo Sanitary District

7. Service Information (WATER AGENCIES OR DEPARTMENTS ONLY)

a. Total number of customers Retail _____ Wholesale: _____

b. Total Number of water service connections in Agency Boundaries

Domestic _____ Agricultural: _____ M()I _____

Reclaimed: _____ Other (specify): _____ Amount of Other: _____

c. Total Number of water service connections in Agency Sphere of Influence but outside Boundaries:

Domestic _____ Agricultural: _____ M()I _____

Reclaimed: _____ Other (specify): _____ Amount of Other: _____

d. Total Number of water service connections outside Agency Boundaries and Sphere of Influence:

Domestic _____ Agricultural: _____ M()I _____

Reclaimed: _____ Other (specify): _____ Amount of Other: _____

e. Shared Facilities:

Provide location information (street address, Assesor's Parcel No. etc.) for each connection outside agency's boundaries:

| Address | Parcel Number | Etc... |
|---------|---------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

f. Does your agency have a master plan? (Check for Yes) ☐

Date of current master plan: _____

Date of previous master plan: _____

Agency Name

Camarillo Sanitary District

g: Water Facilities (provide for each facility) attach sheets if necessary

Location: _____

Miles of Lines _____ Type: _____

Capacity: _____ Year built: _____

Storage capacity in days _____ Year capacity last expanded: _____

What permits (local, state, federal) are required: _____

Are required permits current (check the box for yes) ☐

Does your agency have permit violations: _____

Is your agency applying for new permits or permit amendments: _____

Date of latest Water Quality Report: _____ Are copies posted on the web? (Check for Yes) ☐

h. Water Source Information:

Imported Source: _____ Percentage of total: _____

Reclaimed: Source: _____ Percentage of Total _____

Other (specify) _____
Source: _____ Percentage of total: _____

Groundwater (list each source and no. of wells):

Source: _____ Percentage of total: _____

Source: _____ Percentage of total: _____

Source: _____ Percentage of total: _____

Source: _____ Percentage of total: _____

Source: _____ Percentage of total: _____

Surface (list each surface source:)

Source: _____ Percentage of total: _____

Source: _____ Percentage of total: _____

Source: _____ Percentage of total: _____

i: Additional Informaion

Does your agency meet the minimum storage requiremnts as recommended by the Ventura County Waterworks Manual? (Click for Yes) ☐

What is you agency's estimated peak demand? _____ What is your agency's peak demand capacity? _____

In the event of a power outage what additional resources of power are available: _____

If your agency relies on groundwater, what additional non-groundwater storage capacity have you developed? _____

Agency Name:

Camarillo Sanitary District

8. Service Information (WASTEWATER AGENCIES ONLY)

a. Does your agency have a master plan? (check for yes) ☒ SerInfoWWAMP

Date of current master plan: 2/ 1/1999 Date of previous master plan: 5/ 1/1990

b. Number of wastewater service connections in agency boundaries

Residential: 11,132 Commercial: 824 Industrial: 9

Other (specify) _____ Amount of Other: _____

c. Number of wastewater services in agency Sphere of influence, but outside boundaries

Residential: 112 Commercial: 11 Industrial: 1

Other (specify): h/Navy/School/Wtr. Dist Amount of Other: 6

Provide street address, assessor's parcel no. ect. for each connection outside agency boundaries

See Attachment No. 2

d. Number of wastewater services outside agency boundaries and Spheres of Influence

Residential: _____ Commercial: _____ Industrial: _____

Other (specify) _____ Ag. Amount of Other: 1

Provide street address, assessor's parcel no. ect. for each connection outside agency boundaries

See Attachment No. 2

Agency Name

Camarillo Sanitary District

e. Wastewater Service Connections:

Total number of wastewater service connections: 12489

Wastewater treatment facilities (provide for each facility): *include another sheet if necessary*

Location of treatment facilities 150 Howard Road, Camarillo, California 93012

Miles of Lines 150 Type: Secondary/Activated Sludge Capacity (MGD) 6.75

Year built: 1/1/1957 Year capacity last expanded 1995

What permits are required for facilities: NPDES Water Reclamation Permit

Are required permits current (check box for yes) ☒

Does your agency have permit violations? (check box for yes) ☒

Is your agency applying for new permits or permit amendments? (check box for yes) ☒

If yes, what permits? NPDES, Water Reclamation Permit

Location of treatment facilities: n/a

Miles of lines: Type: Capacity:

Year Built: Year capacity last expanded:

What permits are required for facilities:

Are required permits current (check box for yes) ☐

Does your agency have permit violations? (check box for yes) ☐

Is your agency applying for new permits or permit amendments? (check box for yes) ☐

If yes, what permits?

Agency Name: Camarillo Sanitary District

8. Service Information

f. List current share activity with other service providers and provide a brief description

☐ Joint Power Authorities (JPA's)

☐ Memorandums of Understanding (MOUs)

☒ Service Agreements:

Ventura Regional Sanitation District Equipment Painting & CCTV inspection of collection lines.

☐ Purchasing Agreements:

☐ Equipment Sharing:

☒ Insurance Pools:

JPIA

☐ Joint Funding:

☐ Other:

g. Agency Function:

List Agency Functions that are Provided by:

Private Contractors: None

Other: Video Inspection of collection system lines and Painting of Plant equipment.

Annual savings produced by using contractors/other agencies

Other?

List any excess capacity, facilities or staff which can be made available by your agency

None